

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021849

1. Entity Name
V.W. OF GAINESVILLE, L.L.C.



Principal Place of Business
4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578

Mailing Address
4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578



04292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4209227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VUCOVICH, HAROLD J
4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME VUCOVICH, HAROLD J
STREET ADDRESS 4347 SUNSET BEACH BLVD
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D
NAME WRIGHT, LAWRENCE A
STREET ADDRESS 4400 ANSLEY DR
CITY-ST-ZIP NICEVILLE, FL 32578

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05/04/05-80125-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: *Harold J. Vucovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/05 850 877 0591

Date

Daytime Phone #